

CITY OF TIGARD YOUTH PEER COURT

Application

Peer Court Application

The Tigard Youth Peer Court allows community service oriented youths interested in the criminal justice system an opportunity to help law enforcement and their community. Those selected will be trained to perform specific court functions and must dedicate at least one evening per week to this function.

In order to preserve the image of the justice system and its representatives, the Tigard Youth Peer Court maintains high entry standards.

Applicant Requirements

1. Must be between the ages of 12 - 17;
2. Must have an excellent citizenship record and be of sound moral character;
3. Must be attending school and have no less than a 2.5 GPA*.

Area of Interest

Check one of the following:

- ☐ Court officer (attorney, bailiff, court recorder, court clerk)
- ☐ Juror
- ☐ Both

Return completed application to:

**Officer Sheryl Huiras
Tigard Youth Peer Court
13125 SW Hall Blvd.
Tigard, OR 97223
503-718-2578**

Applications should be typed or neatly printed

*exceptions made for sufficient cause on a case by case basis

CITY OF TIGARD YOUTH PEER COURT

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Personal Information

Name:	Last	First	MI
Address		City/State/Zip	
Phone		Work Phone	
Preferred Name		Citizenship	
Date of Birth		Driver's License # and State of Issuance	
Place of Birth		Social Security Number	
Have you ever been arrested?		If yes, explain.	
Do you live with parents, guardian, spouse, or on your own?			
Father's Name			Phone
Address		City	Zip
Mother's Name			Phone
Address		City	Zip
Brother or Sister's Name		Age	Phone
Address		City	Zip
Brother or Sister's Name		Age	Phone
Address		City	Zip

IF EXTRA SPACE IS NEEDED, USE THE BACK OF THIS PAGE

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Personal References

Name	Phone
Address	City/State/Zip
Name	Phone
Address	City/State/Zip
Name	Phone
Address	City/State/Zip

Please write a short statement on what you want to achieve and what you have to offer the City of Tigard Youth Peer Court (continue on the back if necessary).

By signing this application, I affirm that these statements are true and accurate to the best of my ability, and I understand any false statements will be grounds for disqualification of my application or termination from a position with the City of Tigard Youth Peer Court.

Signature of Applicant

Date

Signature of Parent or Guardian

Date